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CFAY MWR YOUTH SPORTS PROGRAM REGISTRATION

Data required by the Privacy Act of 1974

AUTHORITY: ☐ ☐ Title 10, United States Code, Section 3012"

PRINCIPAL PURPOSE: ☐ The personal information is used primarily to coordinate the registration of youths for youth activities to clarify responsibility for injuries and to provide authorization to obtain medical care.

ROUTINE USES: ☐ The information is routinely used to identify participants in the league and obtain medical care.

DISCLOSURE: ☐ ☐ Completion of this form is voluntary. Failure to furnish all or part of the information requested may result in total or partial denial in participation.

Sponsor's Name & Rank/Rate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SS#	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Work Phone
Command Address:				
Emergency Contact:	Name:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Phone Number/s	

☐ Please Read and Initial the Following:

- ☐ 1. I, the parent/guardian of the below named child, hereby give my approval for their participation in any and all youth activities relating to the program.
☐ I assume all risks and hazards incidental to such participation, including transportation to and from games and I do hereby waive, absolve, indemnify and agree to hold harmless the organizers, sponsors, participants and persons working with my child, for any claims arising out of an injury to my child.
- ☐ 2. In the case of sickness or injury during activities(trip) I give my permission for my child to be taken to the nearest medical facility for treatment. My child has the following allergies or known medical condition which may affect their treatment:
☐ ☐ ☐ ☐ IF NONE, Write NONE. ☐
- ☐ 3. Furthermore, I am fully aware that responsible adult leadership (Volunteers - Moms and Dads) is the backbone of the Youth Sports programs, and it is the **Moms and Dads** that make our programs viable. I understand that I will actively participate to make these programs work.

☐ Parent/Guardian Signature: ☐ ☐ ☐ ☐ Date: _____

Please use corresponding letter next to child's name to indicate the **same/different sport** (a. b. c.) ☐

<input type="checkbox"/> Seasonal - 8 Weeks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Start Smart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Year Round Soccer
<input type="checkbox"/> Ages 5-15 Unless Noted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Ages 3 & 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Uniform # Issued
<input type="checkbox"/> <input type="checkbox"/> Baseball	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Start Smart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Team Name:
<input type="checkbox"/> <input type="checkbox"/> Softball (Girls 9-15)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Special Request or Comments:
<input type="checkbox"/> <input type="checkbox"/> Swimming (5-15) * Must be able to swim 25 meters*	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> Flag Football	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> Soccer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Start Smart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> Cheerleading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> Basketball	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Start Smart	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

a. Child's Name (First Then Last)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOB (MM/DD/YY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AGE	<input type="checkbox"/> <input type="checkbox"/>	MALE FEMALE
b. Child's Name (First Then Last)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOB (MM/DD/YY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AGE	<input type="checkbox"/> <input type="checkbox"/>	MALE FEMALE
c. Child's Name (First Then Last)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOB (MM/DD/YY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AGE	<input type="checkbox"/> <input type="checkbox"/>	MALE FEMALE
EMAIL ADDRESS (Clearly)						
Home Mailing Address:	<input type="checkbox"/> PSC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	BOX	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FPO AP	<input type="checkbox"/> <input type="checkbox"/> 963
Home Phone & Cell Phone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spouse's Work Phone				
Please indicate which child and what sport you are willing to Co-Coach or Team Mom/Dad						
I will volunteer as a	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CO-COACH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TEAM MOM/DAD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(FIRST NAME)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(FIRST NAME)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Completed Volunteer Form Y/N						

Employees Only

Total Received:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Receipt #:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	By Employee:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> YOKO	IK	NEG
CASH / CHECK #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Account #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comments:				